

Application Data Sheet

Application Information

Application Type::	US Continuation
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	None
Number of copies of CDs::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	0
Title::	USE OF NEURAMINIDASE INHIBITORS TO PREVENT FLU ASSOCIATED BACTERIAL INFECTIONS
Attorney Docket Number::	044158/275894(5853-5)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity::	Yes
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	NIAID
Contract or Grant Numbers::	1K08 AI49178-01, AI-08831, and AI-29680
Licensed US Govt. Agency::	National Cancer Institute
Contract or Grant Numbers::	CA-21765
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jonathan A.
Family Name:: McCullers
Name Suffix::
City of Residence:: Germantown
State or Province of Residence:: TN
Country of Residence:: US
Street of mailing address:: 8310 Heather Glen Drive
City of mailing address:: Germantown
State or Province of mailing address:: TN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 38138

Correspondence Information

Correspondence Customer Number:: 29312

Representative Information

Representative Customer Number:: 29312

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	PCT/US02/29417	09/17/02
which claims priority to	U.S. Provisional	60/325,615	09/27/01

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
			NO

Assignee Information

Assignee name:: St. Jude Children's Research Hospital
Street of mailing address:: 332 North Lauderdale Street
City of mailing address:: Memphis
State or Province of mailing address:: TN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 38105-2794

(If there is more than one assignee, repeat information for each one.)